

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

158

STATE FILE NUMBER

FILED FEB 19 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Buchanan	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	St. Joseph, Missouri	b. COUNTY	Buchanan
Length of stay in 1b	Life	c. CITY OR TOWN	St. Joseph, Missouri
c. FULL NAME OF (If NOT in hospital, give location)	1208 South 6th Street	d. STREET ADDRESS	1208 South 6th Street
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED		4. DATE OF DEATH	
First	Middle	Last	Month
ARTHUR	E.	HULL	February
(Type or print)		Day	
		4	
		1962	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH
Male	White		May 20, 1904
		9. AGE (last birthday)	
		57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Machinest		Western Tablet Co.	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
St. Joseph, Missouri		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
William H. Hull		Alice White	
14. NAME OF HUSBAND OR WIFE		Margaret Hull	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		Address	
Brother		Mr. Clarence Hull-St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		Unattended Death-Apparently, Natural Causes;	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		Investigated by the City Health Department.	
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour	Month, Day, Year	
	a.m.	p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION
		COUNTY	
		STATE	
21. I attended the deceased from _____, to _____, and last saw him alive on _____.			
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE		22b. ADDRESS	
Robert W. Kieber, MD Health Officer		St. Joseph, Mo	
22c. DATE SIGNED		2	
2-9-62			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Feb. 8, 1962	King Hill Cemetery	St. Joseph, Missouri
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
Meiernhoffer-Fleeman Inc., St. Joseph, Mo.		Feb. 13, 1962	
		26. REGISTRAR'S SIGNATURE	
		Rev. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eric J. Phary

Licensed Embalmer No. 4679

P. O. Address J. A. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.